

House Bill 377

By: Representatives Powell of the 29<sup>th</sup>, Chambers of the 81<sup>st</sup>, Roberts of the 154<sup>th</sup>, Levitas of the 82<sup>nd</sup>, Williams of the 165<sup>th</sup>, and others

A BILL TO BE ENTITLED  
AN ACT

To amend Chapter 5A of Title 31 of the Official Code of Georgia Annotated, relating to the Department of Community Health, so as to provide that all contracts between the Department of Community Health and health care management organizations, third party administrators of health care plans, or other entities and their subcontractors concerning the provision of health care services for health care programs under the authority of the department, including the state health benefit plan and the Medicaid program, shall be subject to the provisions of the open records act; to require the department to provide public access to such contracts, amendments to such contracts, and fee reimbursement, contract rate, and rate schedules; to provide that the department shall make available the amounts paid to health care providers on a quarterly basis; to provide that the department shall promulgate rules and regulations for the provision of health care services and reimbursement for providers under the Medicaid program that are consistent with the rules of the federal Centers for Medicare and Medicaid Services for the provision of such services and reimbursement; to provide for the reporting of any variances in policy concerning the provision of such services and reimbursement; to provide that federal Medicare Disproportionate Share Hospital adjustment funds shall be distributed by the department in full without any reduction for administrative expenses; to provide for related matters; to repeal conflicting laws; and for other purposes.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

**SECTION 1.**

Chapter 5A of Title 31 of the Official Code of Georgia Annotated, relating to the Department of Community Health, is amended by adding new Code sections to read as follows:

"31-5A-9.

(a) All contracts between the department and any health care management organization, third party administrator of health care plans, or other entity concerning the provision of or management of health care programs under the authority of the department, including, but not limited to, the state health benefit plan and the Medicaid program, shall be subject

to the provisions of Article 4 of Chapter 18 of Title 50. In addition, all contracts between such health care management organizations, third party administrators of health care plans, or other entities and their subcontractors concerning the provision of health care services for health care programs under the authority of the department, including, but not limited to, the state health benefit plan and the Medicaid program, shall be subject to the provisions of Article 4 of Chapter 18 of Title 50.

(b) The department shall make all such contracts available for public inspection on its web site including, but not limited to, all amendments to such contracts and all reimbursement fees, contract rates, and rate schedules entered into with health care providers under contracts by such health care management organizations, third party administrators of health care plans, or other entities and their subcontractors for the provision of health care services for health care programs under the authority of the department, including, but not limited to, the state health benefit plan and the Medicaid program pursuant to the provisions of Article 4 of Chapter 18 of Title 50.

(c) The department shall also provide on its website the total amount of funds paid during each quarter of each fiscal year and for the entire fiscal year to each hospital, physician, or other health care provider by the department or by any health care management organizations, third party administrators of health care plans, or other entities with whom the department contracts for the provision or management of health care services for health care programs under the authority of the department, including, but not limited to, the state health benefit plan and the Medicaid program.

#### 31-5A-10.

(a) The department shall adopt rules and regulations for the provision of health care services and reimbursement for providers under the Medicaid program. Such rules shall be consistent with the rules of the federal Centers for Medicare and Medicaid Services for the provision of such services and reimbursement.

(b) Any variances in policy by the commissioner, the board, or the department shall be reported to the chairpersons of the House Committee on Insurance, the Senate Insurance and Labor Committee, the House Committee on Health and Human Services, and the Senate Health and Human Services Committee.

#### 31-5A-11.

The department shall distribute the full amount of the funds received under the federal Medicare Disproportionate Share Hospital adjustment to the eligible hospitals without retaining any portion for administrative or other expenses."

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**SECTION 2.**

62 All laws and parts of laws in conflict with this Act are repealed.